

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

| | | |
|--|---|--|
| 1. TITLE OF NEWSPAPER WILMOT ENTERPRISE | | 2. DATE 9-15-24 |
| 3. FREQUENCY OF ISSUE WEEKLY | 3A. NO. OF ISSUES PUBLISHED ANNUALLY 52 | 3B. ANNUAL SUBSCRIPTION PRICE \$ 38-LOCAL/45 ELSEWH. |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 805 MAIN ST PO BOX 6 Wilmot, SD 57279 | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 805 MAIN ST. PO BOX 6 Wilmot, SD 57279 | | |
| 6. FULL NAME OF PUBLISHER: TERRY O'KEEFE | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) | | |
| FULL NAME TERRY O'KEEFE | | COMPLETE MAILING ADDRESS PO BOX 6 Wilmot, SD 57279 |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) NONE | | |

| 9. EXTENT AND NATURE OF CIRCULATION | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
|---|--|---|
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) | 850 | 850 |
| B. PAID AND/OR REQUESTED CIRCULATION | | |
| 1. Sales through dealers and carriers, street vendors, and counter sales. | 759 | 757 |
| 2. Mail Subscription (Paid and or requested) | | |
| 3. Paid Electronic Copies | | |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.) | 759 | 757 |
| D. FREE DISTRIBUTION | | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | 4 | 4 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 1 | 1 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 764 | 762 |
| F. COPIES NOT DISTRIBUTED | | |
| 1. Office use, left over, unaccounted, spoiled after printing | 86 | 88 |
| 2. Return from News Agents | | |
| G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.) | 850 | 850 |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Kathy O'Keefe _____
 (Signature) (Title)

State of South Dakota
 County of Roberts
 (Seal)

Sworn to before me this 26 day of Sept., 2024
Nicole German
 Notary Public
 My commission expires: Dec 16, 2027

